

FIELD TRIP EVALUATION

Grade: _____ Teacher: _____

Date of Field Trip: _____ Location: _____

Lead Parents: _____

Assisting Parents: _____

Absentees: _____

• Scheduled departure time was _____ First scheduled event time was _____

• Actual departure time was _____ (Choose one) Enough time or Needed _____ more minutes

• Was this trip worthwhile? Yes No Was it age appropriate? Yes No

• Is there anything you would add and/or delete?

• Is there any information you would like to pass on for this field trip next year?

• Would you recommend this trip for next year? Yes No Maybe

• Additional Comments:
